** RESEARCH PROPOSAL SUBMISSION CHECKLIST FOR APPROVAL**

|  |  |  |  |
| --- | --- | --- | --- |
| 1. | **Title of the study:** |  | |
| 2. | **Details of Principal Investigator:** | |  |
|  | Name: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
|  | Designation: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
|  | Department: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
|  | Contact No: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
|  | Email: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
|  |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature of Principal Investigator | |

Submission of Hard Copies

Hard copies of the following documents must be submitted to DME, **Aziz Fatimah Medical & Dental College Faisalabad** for review by first week of each month.

|  |  |  |
| --- | --- | --- |
|  |  | IEC Application |
|  |  | Informed consent in English (typewritten) |
|  |  | Informed consent in Urdu or any other local language (preferably composed in re software, otherwise handwritten) |
|  |  | Research proposal/synopsis and/or Questionnaire |
|  |  | CV(s) of the investigator(s) with relevant publications (if any) in last 5 years |

Submission of Soft copies

Soft copies of the following documents be mailed to [**rifat@afmdc.edu.pk**](mailto:rifat@afmdc.edu.pk)(DME representative) by first week of each month.

|  |  |  |
| --- | --- | --- |
|  |  | IEC application + Informed consent in English (typewritten) |
|  |  | Research proposal/synopsis and/or Questionnaire |
|  |  | PowerPoint presentation |

*Incomplete submission*, *late* or *on the spot* submission of research proposals **shall not be** entertained.